

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-975)

SERIAL NO.  
**09/786,389**  
APPLICANT(S)

FILED DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3		1		1		
4		3		3		
5		0		0		
6	1		1			
7		0	1			
8		1				
9	1					
10		1				
11		1				
12		0				
13		1				
14		0				
15		1				
16		0				
17		0				
18		0				
19		1				
20		0				
21		0				
22		1				
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41		0				
42		0				
43		0				
44		0				
45		0				
46		1				
47		0				
48		0				
49		0				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52		0		0		
53		0		0		
54	1					
55		1				
56						
57				0		
58				0		
59				1		
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97						
98						
99						
100						
TOTAL IND.	4	↓	2	↓		↓
TOTAL DEP.	53	↓	16	↓		↓
TOTAL CLAIMS	57		18			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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